

Case Number:	CM15-0054707		
Date Assigned:	03/30/2015	Date of Injury:	09/08/1987
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68 year old male who sustained an industrial injury on 9/8/87 involving his low back and shoulders. He has had multiple lumbar spine surgeries and shoulder surgery. He currently complains of intermittent low back pain radiating into left lower extremity and bilateral shoulder pain. His pain intensity is 9/10 without medication and 2-3/10 with medication. The medication allows him to be functional. His medications are OxyContine and oxycodone, AndroGel, celecoxib, desmopressin, finasteride, polyethylene glycol, Ramipril, tamsulosin. Diagnoses include status post total knee replacement; lumbar spine surgery; post laminectomy syndrome, lumbar spine; shoulder surgery; degenerative joint disease of shoulder region; chronic pain syndrome. There were no diagnostics for review. In the progress note dated 3/9/15 the treating providers of care includes to continue with OxyContin and oxycodone as these medications improve his function.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycontin 20 mg tab Qty 60 with 0 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. The above is stated in the clinical documents. There is clear functional gain that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Oxycontin is medical necessity for the patient at this time.

Oxycodone 10 mg tab Qty 60 with 0 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. The above is stated in the clinical documents. There is clear functional gain that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Oxycodone is medical necessity for the patient at this time.